

**WESTAFF
TEMPORARY HELP REQUISITION
Contract # 404779**

Date: _____ Agency AGPS Order Number: _____

HR Director: _____ Phone: _____ Fax: _____ Email: _____

Requesting Office: _____ GFS Org. No. _____

RFP Job Title: (See Specifications for Temporary Services) _____

Job Description: _____

Starting Date: _____ Anticipated End Date _____

Working Hours: Start: _____ End: _____ Work Days: _____

Other Authorized Signatures: _____

Work Site Information:

Immediate Supervisor: _____

Phone Number: _____ Fax: _____

Address: _____

Directions: _____

Bill to: Department/Facility: _____

Attn: _____

Address: _____

City, State, Zip: _____

Signature _____ Title _____ DATE _____

WESTAFF OFFICE LOCATION: _____ NUMBER: _____ CUSTOMER #: _____

Pay Rate: _____ Bill Rate: _____ Job Code: _____

Employee Assigned: _____ SS#: _____

Emp.'s Phone #: _____ Results: _____ Start: _____

Employee Assigned: _____ SS #: _____

Emp.'s Phone #: _____ Results: _____ Start: _____

Employee Assigned: _____ SS#: _____